

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/682,372-Conf. #8095
	Filing Date	October 10, 2003
	First Named Inventor	Stig OLLMAR
	Art Unit	3735
	Examiner Name	N. NATNITHITHADHA
	Attorney Docket Number	0104-0777PUS1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

Country

State

Zip

Telephone

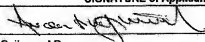
Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature  ANDERS LUNDQVIST

Name Scibase AB

Date 2009-12-18

Telephone +46 732069808

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.